

Psychotherapy Guidebook

MUTUAL HELP GROUPS

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DEFINITION

There is an increasing awareness of the growing number of special interest groups formed to provide mutual help to their members. All people participate in helping interactions and networks in which each individual can sometimes be recipient and/or sometimes helper. When a helping network is developed in order for people to share their common experience in coping with a problem, we have a mutual help exchange. These exchanges become “formal organizations” when the process of institutionalization creates a formal organizational structure. After the process of formalization occurs, an organization or program has typically been referred to as a “self-help group.” Since the helping exchange almost invariably goes both ways, the term mutual help is more descriptive.

Levy, Killalae, and Silverman all provide similar definitions of a mutual help organization:

- Their membership is limited to people with a common concern or problem.

- Helpers have had experience in solving the problem, and utilize this experience in helping new members.
- Where the founding members have left a legacy of problem-solving methods, these were based on their own personal experience in successfully coping with the problem at hand.
- Help is offered in an informal manner and helpers are able to respond quickly to members' needs.
- Members may utilize knowledge and processes developed in other settings but make their own determination about how to integrate this information into their programs.
- Policy and resources rest with the constituents of the organization, who are both providers and recipients of service.
- The group enables and encourages members to move from the role of recipient to that of helper, a movement that is in itself part of the helping process.

The purpose of Mutual Help Groups is to enable members to behave differently, to adapt to life changes, or to overcome problems. Individuals join such groups during periods of transition in their lives and as they accomplish the goals of the group they either become helpers to new members, become involved in other aspects of the organization, or leave entirely to go on to other things.

HISTORY

The quality and quantity of formal human services available has been an important influence on the formation and growth of Mutual Help Groups.

Over the last century the development of formal human service agencies was accompanied by a professionalization of the helpers involved. Helping became regularized and procedures were developed to make the help more consistent with the current scientific thinking about the cause of psychological problems. In many instances the founders of Mutual Help Groups have sought such professional help and found the assistance offered either inadequate, inappropriate, or unsuccessful. Mutual Help Groups, such as Alcoholics Anonymous, the Association for Retarded Citizens, and the National Association for Autistic Children, developed in response to professional failure. Groups such as these were founded by people who had been treated for many years in various formal clinical programs without successful outcome. Such groups often restrict the involvement of the professional human service community and tensions between the two care-giving systems occasionally develop (Silverman, 1977).

Mutual Help Groups also come into being because of technological advances. For example, people with cystic fibrosis now live into their early twenties and sometimes marry. Victims of extensive burns now survive who formerly would have died from their wounds. Consequently, afflicted persons

may form Mutual Help Groups to develop appropriate procedures for dealing with their new situations.

Mutual Help Groups also develop in times of rapid social change, when established reactions and coping patterns are often found to be inadequate, and when new knowledge cannot be rapidly translated into common practice. Today the family cannot keep up with the changing needs of its members and is losing its function as the major interpreter of society and educator to future generations. Role vacuums can exist as people move through normal transitions in the life cycle. For example, the bereaved do not know how to mourn when a death occurs in the family. Mutual Help Groups such as the Society of Compassionate Friends (for bereaved parents) and Widow-to-Widow programs develop to not only augment the role of the family, but sometimes to function in lieu of the family or other transitional caregivers. Mutual Help Groups such as the Associations for Childbirth Education and La Leche League began when couples became aware of data regarding the value of family-centered, nonmedicated childbirth, and the value of the nursing relationship between mother and child. As these Mutual Help Groups insist on implementing these new approaches to childbirth and child care, they are bringing about change in professional practice and in societal mores (Silverman, 1977).

Although tension often accompanies the interactions between the

mutual help system and the formal human service system, they should be seen as complementary rather than competing modalities. Gottlieb, citing Saranson and Speck's discussion of network theory, calls for an exchange of resources between mutual help networks and the professional system.

TECHNIQUE

Three aspects of a mutual help experience can be identified. The individual first recognizes that he has something in common with other members of the group; next he develops a sense of common cause with the group; and finally, he is concerned with the group's continued existence and may become a helper. The characteristics correspond to the nature of help needed in the stages of any transition. The stages of transition are impact, recoil, and accommodation. In impact the individual has to accept himself as someone in a new situation. The ability to acknowledge this is facilitated when he meets members of a Mutual Help Group with whom he can potentially identify. In recoil he needs someone to teach him how to cope with his new situation. Members of a Mutual Help Group develop a unity as they share their common experiences; they no longer feel deviant or alone. Their feelings are legitimized; their problem is typical, not unusual. They feel hopeful. They learn how someone else dealt with the problem. This learning becomes possible when there is someone who provides a role model, and who can provide specific information about ways to cope. Finally, the

individual can change roles from beneficiary to provider of help. The interaction in a mutual help exchange is like that of siblings where the same experience has been shared, but not at the same time. The helper is potentially a friend, and the relationship can become reciprocal. To ask help from a professional can reinforce an individual's sense of weakness since he is always in the role of recipient in a client relationship. Mutual Help Groups meet in homes, churches, or other similar local facilities since they depend on members' donations to cover operating costs. Some national organizations provide detailed guidelines to local chapters; others are a loose federation with no central control of local activities. Help is provided through individual contacts, regular group meetings, "hotlines," and in some groups out-reach to potential members. Helpers are always volunteers chosen for their ability to share their experience with others. The fact that the recipient can change roles and become a helper reinforces his sense of competence and adequacy as well as gives meaning to his previous experience.